

# Introduction

## *Thinking Ethnographically about Psychology*

Mikkel Kenni Bruun

Anthropologists have in recent years come to think about psychology as a central rather than tangential topic of ethnographic interest. The present volume contributes to this shift and suggests a move towards an ‘anthropology of psychology’ in both empirical and theoretical terms. The anthropologists in this volume reflect critically and ethnographically on the subjects, practices, institutions and interventions that are shaped by psychology. In doing so, they explore how different psychological realities are constituted and lived, the emergence of new forms of psychological healthcare, expertise and selfhood, and the enduring effects of psychological therapies and theories. This volume thus contributes to a burgeoning area of research in the anthropology of mental health and to anthropological studies of the ‘psy’ disciplines.<sup>1</sup> This introduction proposes a reconsideration of psychology, in priority, as a matter of ethnography.

When thinking ethnographically about psychology, we are dealing with how people *live* ‘psychology’: how psychology informs people’s understandings of themselves and others, and of the world in which they live. For example, how do psychological ideas and practices shape people’s experiences of what it means to be human? How are experiences of affliction and healing effected by psychological modalities of diagnosis and care? What are the consequences – therapeutic, social, political, economic – of particular framings of mental health and the role of psychological intervention? How are people constituted as subjects of psychology? Why do some people engage in psychological therapy whereas others resist it? Why are so many people around the world deemed psychologically unwell? And so on. We do not believe this volume addresses all these and related questions, but it carves out a space in which we can begin to do so in more ethnographic and analytical detail. As such, the volume builds on an emergent and varied body of anthropological literature on psychology and mental health – as cited in this introduction and throughout the chapters – to further an anthropology of psychology in the twenty-first century (see also Keir Martin, this volume).

Mental health has been the focus of much discussion in both academic and public discourses, with an increasing sense that mental health is something that ‘everyone has’. Indeed, mental health has come to be regarded as a ‘human right’ by the World Health Organization (WHO). The proliferation of the category of mental health, and a shift in language from ‘mental *illness*’ to ‘mental *health*’, has not gone unnoticed by anthropologists either (Kleinman 2012; Bruun 2023a; Cook 2023; Vorhölter 2024; Lang 2025; see also Cearn, this volume). Some social scientists have argued that the expansion of the language of mental health is symptomatic of a broader depoliticisation of mental ill-health, which conceals the (real) political and economic causes of psychological distress and social suffering (see e.g. Dalal 2018; W. Davies 2015; J. Davies 2021; Jackson and Rizq 2019). Kleinman has argued, for instance, that the category of mental health ‘seems to simultaneously trivialize the most serious medical conditions and to medicalize social problems’ (2012: 118). For others, the concept of mental health warrants important social, political, and therapeutic attention and action, while also recentring the role of psy knowledges and care practices, which are ultimately seen to further human wellbeing (see e.g. Cook 2023; Kavedžija 2021; see also chapters by Bork; Sciolli; Augustyniak, this volume). Placing psychology in the service of our collective mental health – or, contrastively, as a pretence by which political and economic tactics are played out – have both become common discourses and modes of critique in the twenty-first century. As the chapters in this volume variously show, the relevance of psychology and psychotherapy extends beyond clinical objectives and healthcare services, as people around the world increasingly engage with psychological technologies, languages and therapies in everyday contexts of caring for self and others. There is much scope for advancing ethnographic enquiries into these and cognate issues, while simultaneously demonstrating anthropology’s manifold contribution to improving mental healthcare. This book is an attempt to do so, while also encouraging anthropologists to explore further the merits and complexities of approaching psychology as a site and object of ethnographic enquiry.

Drawing on long-term fieldwork with psychological practitioners, therapists and initiatives, as well as patients, service users, clients, and other ‘subjects’ of psychology, the contributors in this volume discuss a wide range of circumstances and issues that are shaped by the discipline of psychology. By ‘discipline of psychology’ we do not mean to suggest a homogenous or singular field of enquiry. Instead, we use the notion heuristically, and as an umbrella term to cover a broad range of professional practices, knowledges, scientific epistemologies, treatments, and interests that are typically considered – by the professionals we study and work with – to be in the domain of psychology. Hence one of the aims of this volume is to carve out a conceptual space for psychology that is distinct from (although related to and often intersecting with)

the fields of psychiatry, psychoanalysis, and psychopharmacology, which have tended to receive more attention in anthropology. While we might collectively subsume the psy disciplines and their attendant therapeutic modalities under the banner of ‘mental healthcare’, this concept does not sufficiently distinguish between forms of healthcare that are biomedical (e.g. pharmaceuticals, electroconvulsive therapy, and surgical interventions) versus non-biomedical (e.g. psychotherapy, counselling, and psychoeducation). The ethnographic studies in this volume deal specifically with non-biomedical and psychotherapeutic healing modalities and mental health practices, which we refer to in general terms as psychological healthcare.

The idea for this volume developed when the editors first met through a research network called ‘Talking as Cure? Contemporary Understandings of Mental Health and Its Treatments’, hosted by CRASSH at the University of Cambridge from 2020 to 2021, which brought together a multidisciplinary group of scholars and clinicians to engage in critical and constructive discussion on mental healthcare (Bruun 2021). Over the course of these open workshops, it became clear to us that an anthropological literature on psychological healthcare was relatively limited – especially compared with the substantial body of literature on psychology in history of science, or with the impressive record of critical analysis and self-commentary produced by practitioners within the psy disciplines themselves.

The relationship between anthropology and psychology is wrought with theoretical and empirical difficulties (Hickman 2010; Toren 2012; K. Martin 2019; Weisman and Luhrmann 2020). One immediate issue that concerns us here has to do with anthropological languages of analysis familiar to psychology. Anthropology and the psy disciplines have long tended to come together in intellectual engagement, producing ‘cross-cultural’ studies of mental health (some early examples include Mead 1953; Opler 1959; Westermeyer 1976; for more recent work, see e.g. Luhrmann and Marrow 2016; Jenkins 2018). Interdisciplinary aspirations have been, and remain, the intellectual backbone of much work done in psychological anthropology. This field has its own merits, but it is the empirical and analytical limitations of interdisciplinary enthusiasms that we seek to address. One such limitation is this: when anthropologists reproduce in their own professional analyses the same definitional realities that are shaping, and have been shaped by, psychology – even general concepts such as ‘the mind’ or ‘cognition’, for example, or any of their ontological and epistemological presuppositions – they are inevitably engaging in precisely the same processes that an anthropology of mental health should be holding up for ethnographic inspection. It is, in other words, the capacity of these languages of psy to persuade and the realities they inform which are of interest here.

Now, anthropologists have long engaged with questions of what we might want to recognise today as a matter of studying ‘mental health’ (Bruun 2023a)

or ‘the mind’ (Luhrmann 2021), and its associated capacities and afflictions. Anthropological studies in the first half of the twentieth century engaged with psychiatric and psychoanalytic theories, for example, by using ethnographic data to either corroborate or reject universalising notions of psychopathology, child development, and the role of culture.<sup>2</sup> Although anthropology has long examined psychiatry and psychoanalysis, it has until recently paid little sustained ethnographic attention to psychology. In recent years, however, ethnographic studies of mental healthcare have expanded to include psychological and psychotherapeutic practices more explicitly (see e.g. Matza 2018; Duncan 2018; Zhang 2020; E. Martin 2021; Vorhölter 2021; Bruun 2023b; Cook 2023; Augustyniak 2025; Lang 2025). This volume adds to this expanding body of anthropological work on psychology.

Another source of inspiration for this volume was grounded in our own ethnographic and professional experiences. Both editors have carried out extensive fieldwork with clinical psychologists and psychotherapists, and our respective doctoral research projects (Hutten 2018; Bruun 2019) explored different aspects of ‘NHS Talking Therapies’, a public mental health service in the UK – formerly named Improving Access to Psychological Therapies and commonly referred to by its acronym as ‘IAPT’. Hutten’s research in psychosocial studies, as well as her previous work on clinical evaluation of mental health services in the UK (Parry et al 2011; Tosh et al 2013; Hutten et al 2015), brought invaluable insights to our discussions about the relationship between psychology, social science, and public health, and the provision of psychotherapeutic care. As an anthropologist by training, Hutten’s extensive experience of working in applied contexts of research and policymaking offers an important vantage point from which to explore the making and implementation of mental health research, initiatives, and policies, while also rethinking the role and significance of an anthropological voice here (see also Armstrong 2023; Mosse et al. 2023). My own research on psychological therapies in the UK (Bruun 2019) provided the initial stimulus for conceiving an anthropology of psychology and exploring this area of research further in collaboration with other anthropologists working on similar issues.

The contributors of this volume are anthropologists who have carried out long-term ethnographic research on psychology. They all draw on different experiences of working with psychologists, psychotherapists and counsellors, and many of them with patients and other people who encounter psychological practices, services and technologies. The ethnographic contexts presented in this volume are also geographically diverse, ranging from Africa and South Asia to North America and Europe: Canada (Dina Bork), Italy (Giulia Sciolli), Burkina Faso (Annigje van Dijk), Sri Lanka (Nadia Augustyniak), Uganda (Julia Vorhölter) and the United Kingdom (Mikkel Kenni Bruun, Jennifer Cearns).

## Anthropology and Psychology: Some Historical Trajectories

This introduction does not attempt to review the long and complex history between anthropology and psychology. Instead, the following paragraphs highlight some historical trajectories that have shaped, and continue to shape, our understandings of psychology as a domain of anthropological enquiry. Presenting these trajectories in the short space of an introduction means that they are inevitably selective and include some necessary simplification. The historical context discussed here is primarily concerned with social anthropology, the main discipline that informs this volume, but this focus should not be misconstrued; our contributors are trained in different anthropological schools of thought, and there are, of course, other important formations between anthropology and psychology beyond those highlighted here (see e.g. Chua 2013; Duncan 2018; Huang 2018; Long 2018; Matza 2018; Reyes-Foster 2018; Vorhölder 2024; Zhang 2020).<sup>3</sup>

For many outsiders, the discipline of psychology in Europe and America is still heavily associated with the psychoanalytic movement. The latter is often said to have had its heyday in the first half of the twentieth century. Earlier histories of psychology and psychoanalysis – more often written by practitioners than professional historians – tended to emphasise a historical interchange between psychoanalysis and psychology, dominated at times by institutional competition and intellectual rivalry (see e.g. Ehrenwald 1976). More recently, historians of psychology have pointed out the inadequacies of a historiographical delineation of ‘psychology’ as constituting a uniform discipline vis-à-vis psychoanalysis; indeed, a broad range of psychological practices and technologies have been constitutive of both, and a historiography of the discipline of psychology (and psychotherapy more generally) has proven to be rather more complicated (Marks 2017; Rosner 2018b). Despite a great effort in the first half of the twentieth century by British psychologists to distance themselves from psychoanalysts, anthropology often seemed to treat psychology and psychoanalysis somewhat synonymously. This was perhaps because both psychoanalysts and psychologists in the early twentieth century drew heavily on the ethnographic work of anthropologists in their studies of ‘human psychology’ – and vice versa: many anthropologists had long engaged with psychoanalysis in analysing and theorising their own ethnographic material.

There were also those who, despite drawing on aspects of psychoanalytic theory, critiqued psychoanalysis for its universalism. Bronislaw Malinowski examined the Freudian Oedipus complex in the context of Trobriand kin relations and child development in his book *Sex and Repression in Savage Society* (1927), but famously dismissed any notion of Oedipal universality claimed by psychoanalysts of the day. Although Malinowski remained a critic of psychoanalysis and its ‘exorbitant claims’ throughout his career, he simultaneously

acknowledged its contribution to important aspects of human psychology. Psychoanalysts' 'open treatment of sex' was, in his opinion, 'of the greatest value to science' (Malinowski 1927: vii–viii).

Developments in American cultural anthropology during the first half of the twentieth century offered a rather different engagement with psychological theories. Influenced by the work of Franz Boas (1858–1942), the most prominent development came from the 'culture and personality' movement during the 1920s and 1930s instigated by the work of Edward Sapir, Ruth Benedict, and Margaret Mead (all former students of Boas) and which subsequently fed into the largely American-bred field of psychological anthropology (Ingham 1996; LeVine 2010; see also Mead 1928; Sapir 1932; Benedict 1934). Applying their own critical reading of Freudian psychoanalysis, they argued that human behaviour is 'culturally patterned', just like speech is patterned by a particular language. The cultural patterns of childhood experience were thus considered to be the cause of adult personality characteristics, which in turn gave rise to culture-specific patterns of mental health and forms of psychopathology. The aim was for some to develop a generalised cultural description of mental health through ethnographic research on individual personalities and, by extension, the personality of cultures. For other anthropologists, however, such an ambition simply confirmed what they had previously suspected, that a psychologised version of anthropology was susceptible to reductionism and overgeneralisation (LeVine 2001).

After the Second World War, psychology acquired a new importance and professional standing in Britain (Derksen 2000; Jones 2004). It was also in the post-war decades that psychoanalytic thought made another appearance in British social anthropology, but this time in the shape of what became known as 'structuralism', which Claude Lévi-Strauss (1908–2009) had developed in France during the late 1940s and 1950s (Lévi-Strauss 1963). Notable figures from an earlier generation of anthropologists generally tended to dismiss or ignore the discipline of psychology, seeing it either as an embarrassing descendant of Freudian psychoanalysis or the discipline of an equally problematic evolutionism. This disciplinary opposition can in part be traced back to critics like Edmund Leach and later Ernest Gellner. For example, in Leach's well-known article 'Magical Hair' (1958), psychologists and psychoanalysts are conjointly treated as practitioners of a discipline against which anthropologists and sociologists are ranged. In the article, Leach challenges the psychologist 'Dr Berg' for using ethnographic accounts in the style of Freud to act as empirical evidence for the universality of psychoanalytic theories, such as the symbolic act of 'castration' in ritual or the unconscious link between hair and sexuality ('phallic symbolism') in different cultures. He contends that psychological analysis and anthropological analysis are intrinsically unlike. According to Leach, they are even 'irrelevant' to each other: the psychoanalyst

is ‘concerned with the inner feelings of the individual’, as opposed to the anthropologist, who studies ‘symbolism as expressing states of the social system rather than the states of the individual psyche’ (1958: 168). Leach proposed a division of ‘public’ and ‘private’ symbols, the ‘collective’ and ‘individual’, ‘external’ and ‘internal’: ‘In most situations he [*sic*; the anthropologist] will be well advised to leave psychological matters to psychologists and stick firmly to the public sociological facets of the case’ (ibid.: 148).

We could summarise Leach’s argument as suggesting that psychology and anthropology constitute two different practices of knowledge production, two distinct epistemologies. Leach, in common with many other anthropologists of the time, asserted that the anthropologist cannot, nor should they attempt to, get into people’s heads as it were. The production of anthropological knowledge was instead to be based on observations of ‘external representations’ such as ‘behaviours’ (ibid.). Nonetheless, Leach’s critical engagement with structuralism and the work of Lévi-Strauss, and the introduction of both into social anthropology (Leach 1967), speak of his longstanding interest in aspects of psychoanalytic theory (Hugh-Jones and Laidlaw 2000). In fact, Lévi-Strauss’ own structural anthropology (1963) owed a great deal to psychoanalysis, notably Freud’s ‘structural’ approach to myths, as well as his notion of ‘the unconscious activity of the mind’ (see Calogeras 1973; Rossi 1973).

One of the first documented attempts to carry out an anthropological study of psychoanalysis was made by Ernest Gellner. He had approached the British Psychoanalytic Society to undertake fieldwork but was denied access by the then President of the Society, Donald Winnicott, who had repeatedly turned down non-psychoanalytic researchers. Despite the lack of proper fieldwork research, Gellner nevertheless produced a critical examination of psychoanalysis and its prevalent influence on the understanding of ‘emotion’ among the British middle classes, describing psychoanalysis as the ‘cunning of unreason’ and arguing that it essentially operates as a ‘self-protected system of belief’ (Gellner 1985).

Psychology gradually came to occupy another conceptual space among anthropologists, partly influenced by the so-called ‘cognitive revolution’ of the 1960s and 1970s, as some began to move from the ‘mythic’ and ‘symbolic’ universe of Lévi-Straussian structuralism – in many ways the anthropological counterpart of Freudian and Jungian psychoanalysis – to the experimental laboratory of cognitive scientists (see e.g. Bateson 1972). A central conviction of this cognitive turn was the reapplication of the scientific method in the study of human cognition, contending that the latter presented a serious empirical area of scientific enquiry. Grounded in a similar epistemological stance, some anthropologists began to challenge what to them appeared to be anthropology’s ignorance of psychology and unwillingness to further a properly scientific study of ‘the human mind’. Out of these developments grew the subdiscipline of cognitive anthropology (Blount 2011; Irvine 2018), which equipped anthro-

pologists with an altogether different attention to ‘the mind’ from that which had been pursued in an older anthropology inspired variously by Durkheim, Lévy-Bruhl, Malinowski, Mead, Evans-Pritchard and Lévi-Strauss, among others. Importantly, this anthropological engagement of psychology drew on new evolutionary ideas and experimental studies to formulate theories about modularity of mind, innate schema, and the transmission of cultural representations (see, for example, debates in Whitehouse 2001). Cognitive anthropology also sought to put an end to the Durkheimian separation of ‘the social’ from the ‘psychological’ and ‘biological’ that had informed so much of anthropology.

It was also in the same period that academic textbooks on psychology started to redefine psychology as ‘the science of mind and behaviour’ (Gross 2012 [1987]), reinserting ‘the mind’ firmly back into the self-image of the discipline. This self-definition was also partly constructed through new scientific discourses around ‘objectivity’ and ‘evidence’, in which psychology had to distance itself from former psychoanalytic schools of thought now considered ‘pseudoscientific’. Sigmund Freud (1856–1939) and many of the prominent psychoanalysts who came after him – such as Carl Gustav Jung, Melanie Klein, Alfred Adler, Jacques Lacan, and Wilhelm Reich, to name just a few – were confined to the footnotes of these textbooks. Psychoanalysis was seen to threaten a self-consciously scientific psychology that sought company with biomedical science and psychiatry (see also Bruun, this volume).

One striking consequence of this reputed ‘new science’ of psychology was that psychoanalysis was accused of having inflicted, for decades, parental blame and personal guilt in the therapeutic world; not only was psychoanalysis deemed profoundly unscientific by methodological standards, but it was also rejected as ethically dubious for holding patients (and their parents or relationships) responsible for their experience of psychological distress. Biological psychiatry arose in its place, especially in the US (Luhrmann 2000), but also in Europe where new brain sciences came to the rescue with the expansion of ‘neuro’-science (Rose and Abi-Rached 2013).<sup>4</sup> Contrary to psychodynamic psychotherapy, a biomedically orientated psychiatry asserted that the disturbed or distressed mind resulted from a biologically dysfunctional brain. Consequently, it appeared to locate responsibility elsewhere, namely in the genetic make-up and biochemical mechanisms of ‘the brain’. Mental illness was no longer anyone’s fault: illnesses of the mind were instead discrete ‘disorders’ that could be detected in the physical brain of the afflicted patient and treated with drugs (Luhrmann 2012). Littlewood (2002) has described these conflicting epistemologies of mental illness in psychiatry as ‘personalistic’ versus ‘naturalistic’ explanations pertaining, respectively, to psychotherapy and biomedicine. Put in very simple terms, personalistic models of pathology situate illness in the relational constitution of the person (one’s childhood experiences, for instance), locating agency on the part of the person. Naturalistic models con-

ceive of mental ill-health as ‘disease’ or ‘disorder’, locating the cause of distress in the biological constitution and (dys)functions of the brain, unseating the person as prime agent.

Despite the general rejection of psychoanalysis by a self-consciously scientific psychology, it provided an important language for psychological research (E. Martin 2021). Largely owed to psychoanalysis were now common concepts like trauma, personality, the unconscious, dissociation, motivation, repression and a host of other terms. Psychoanalysis seemed to have come and gone, but it had left behind a language of ‘human psychology’ – a way of talking about an individuated, interior subjectivity: a private self as the seat of our innermost being. This conceptual language was tremendously influential not only in the cognitive and behavioural sciences (Danziger 1997) but also in British society more broadly (Rose 1985), and elsewhere in the world, as historians and anthropologists have variously observed (e.g. Plotkin 2001; Davis 2012; Rosner 2018a; K. Martin 2019; see also Vorhölter, this volume).

## **Psy Disciplines, Knowledges and Subjects**

### ***Destabilising Psy***

Michel Foucault (1926–1984) remains arguably one of the most influential (and contested) figures in the study of the psy disciplines within the humanities and social sciences. Anthropologists’ varied engagement with, or deliberate departures from, Foucauldian frameworks have not only shaped but also complicated the analytical terrain of the psy disciplines. At one end of the spectrum of this terrain, we find social scientists dedicated to a critical scrutiny of everything ‘psy’, building on Foucault’s work on the genealogy of psychopathology and its institutions (1988a [1961]), as well as his work on ‘governmentality’ (1991). This body of Foucault’s work was given further empirical confirmation, and analytically elaborated on, in a series of critical histories of the psy disciplines by Nikolas Rose in the 1980s and 1990s (1985, 1989, 1996). Rose and others, such as the philosopher Ian Hacking (1985, 1998), argued that psychological institutions and practices have constituted new forms of personhood and self-governance, new configurations in governmentality and biopolitics (*ibid.*; see also Rose 2006, 2019). The crux of the arguments that runs through much of this literature is the contention that, in the name of expertise and care, psychiatry and psychology conceal and work through specific moral and political ideologies that shape the ways we come to know, relate to, and act upon ourselves and others.

Some anthropologists have taken this critique further. Deploying a similar critical lens, they argue that psychiatry has positioned itself as the dominant authority on defining ‘normality’ and ‘mental illness’ – a power consolidated

through the production and continual revision of the *DSM* (*Diagnostic and Statistical Manual of Mental Disorders*). In doing so, psychiatry has not only monopolised the domain of therapeutic treatment for these classified disorders, but also helped to create a profit-making market for psychopharmaceuticals – drugs that have, it is argued, ‘done more harm than good’ (J. Davies 2013; see also Petryna, Lakoff and Kleinman 2006; E. Martin 2007). Some critics target modern psychiatry and the pharmaceutical industries in particular (Kirk and Kutchins 1997; Borch-Jacobsen 2009; J. Davies 2017), and their work has echoes of earlier critiques that came out of the anti-psychiatry movement of the 1960s and 1970s (e.g. Szasz 1974). This was a movement influenced by Foucault’s early suspicion of ‘psy’ and his history of the invention of madness (1988b [1962]), which appeared to expose psychiatry in many ways as a structural oppressor. Foucault’s scholarship thus had a significant impact on intellectual anti-psychiatry critics (many of whom held academic positions in psychiatry), although he often distanced himself from the direction in which they took his work.

Anthropologists of mental health have also drawn from Foucault’s work on ‘subjectification’ (*assujettissement*) in examining the different modes and processes by which human beings are made into subjects. Subjectification refers not only to a mode of having power and control exercised over oneself (‘political subjection’) but to modes of acting upon oneself and others that constitute one as a particular kind of subject (Foucault 1997). When applying this analytical lens to mental health, it can elucidate for instance the effects of people subjected to practices of diagnosis and treatment by which they are classified as distinct clinical cases (e.g. ‘a patient with anxiety disorder’), at the same time as they are required to take up particular subject positions (see Hacking 1985, on ‘making up people’). For instance, Alan Young (1995) describes the construction of ‘post-traumatic stress disorder’ (PTSD) based on Vietnam War veterans’ reports of war-related trauma. PTSD was officially accepted in 1980 as a universal disorder, when it was included in the third edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*), following a political struggle by psychiatric workers on behalf of the large number of veterans who were seen to suffer from the psychological effects of traumatic memory. Young argues that, contrary to the depiction of the disorder in psychiatric nosology, PTSD is not timeless, nor does it possess an intrinsic unity: ‘Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources’ (1995: 5). Young shows how clinicians in the US applied the diagnostic criteria to include people that they felt ought to be seen as mentally ill, and how patients in turn began to present themselves in such a way as to fit into the diagnostic categories of PTSD.

Conversely, Tanya Luhrmann's (2000) ethnography of American psychiatry can be read as a departure away from the Foucauldian critiques of the psy disciplines discussed above. Luhrmann refrains from situating her study of psychiatry in terms of Foucauldian governmentality, deeming such social science perspectives a naive romanticism that does little justice to the suffering subjects: 'Foucault did presume that madness had always existed, but he romanticized it in a way that, despite all his insights, did a terrible disservice to its pain. . . . Madness is real, and it is an act of moral cowardice to treat it as a romantic freedom' (Luhrmann 2000: 10–12). Instead, Luhrmann identified two competing paradigms in psychiatry: the psychotherapeutic model (informed by psychoanalysis and psychotherapy) and the biomedical model (informed by molecular biology, psychopharmacology and neuroscience) and provided an ethnographic account of the epistemological and empirical conflicts between talk therapy and drug therapy, and the medico-moral consequences of losing the former to the latter. James Davies' (2009) work on the training of psychoanalytic psychotherapists in England builds on Luhrmann's study of psychoanalysis. This earlier work of Davies also seems to echo Luhrmann's general misgivings about Foucault's genealogies of the psy disciplines. Instead, Davies sets out to explore how 'individual subjectivity' is shaped by 'institutional mechanisms of socialisation' by studying people within their educational and professional environments – that is, the psychoanalytic institutes and training centres. Drawing on Durkheim and Bourdieu, Davies makes the case that psychoanalytic trainees engage in a formative process of 'professional socialisation' within a 'moral and cultural community'. He argues that, by means of 'hidden institutional devices', the process of socialisation transforms trainees (who typically start out as patients) into loyal practitioners who come to sustain and reproduce the values and practices of the psychoanalytic tradition (J. Davies 2009: 2–3).

In summary, the Foucauldian and post-Foucauldian literatures could be read as an important intervention in the historiography of the psy disciplines, as seeking to destabilise the discursive power of psy institutions, pathologies and therapeutics. Moreover, Foucault's work concerned with mental illness can also be seen to reflect his own vehement criticism of the status and appeal of psychoanalytic theory more generally among French intellectuals. In British social anthropology, a profound disquiet with the psy disciplines was partly encouraged and shaped by this particular body of Foucault's work.

### ***Politics and Critique***

Since the 1980s and 1990s, then, social scientists have been ready to contextualise and deconstruct mental health within an analytical frame of 'politics'. Neoliberalism – with its associated ideals of autonomy and individual respon-

sibility (Ganti 2014) – has often been evoked as one such political frame within which to locate and critique mental health. Anthropologists have pointed to the impact of neoliberal attitudes to social and economic stressors (such as unemployment) in relation to the rapid increase in ‘mental health problems’, especially depression (Ecks and Kitanaka 2021), coupled with a growing ‘happiness’ industry (W. Davies 2015). At the same time, even putatively ‘neoliberal’ mental health initiatives might be seen to move beyond political agendas and logics with unexpected consequences. Some anthropologists have argued that the self-governing practices of individuals required to ‘work on’ their mental health – and any process of subjectification this might entail – are not always sustaining any straightforward or self-explanatory neoliberalism (Cook 2016; Bell and Green 2016). Further to this, we might note that it has been common in social science studies of mental healthcare for ‘politics’ (neoliberalism or capitalism, for instance) to be seen and cited as a domain that gets in the way. By the same token, one common way of criticising care has thus been to situate it in the service of politics (see also McDonald 2017).

Important critiques have also been offered by mental health practitioners themselves. Critics from within the psy disciplines have provided various critiques of the ‘psychologisation’ of what are seen to be in fact social, economic, and political issues. In the UK, some critics have pointed out how certain economic problems and structural inequalities have been reframed and misrepresented as ‘mental health problems’ in efforts to deflect political responsibility on the part of the government (Jackson and Rizq 2019; Lees 2016). Consequently, it is crucial that ethnographers also pay keen attention to how mental health practitioners themselves might criticise the deployment of their profession as a strategic means to psychologise – and thus depoliticise – socioeconomic conditions that might otherwise be considered the primary cause of distress and suffering. While psychological frameworks can be used to depoliticise inherently political issues and agendas, the psy sciences can also be called on to examine the very structures within which medicalisation and depoliticisation occur. As such, critiques and contextualisations of ‘psy’ might well be provided, in priority, not by historians, philosophers or social scientists, but by psy practitioners themselves. In other words, an outsider’s analysis may not always differ significantly, therefore, from what is already contained ethnographically in the critical discourses mobilised by the people we work with. This is not a failure of analysis, but an ethnographic note on the widespread persuasiveness and salience of a particular kind of critique.

We see here how the language of psychology and mental health has the definitional power to reconstitute a range of social issues and uncertainties. In the UK, for example, the language of depression has been mobilised by both politicians and mental health advocates to argue that collective adversities

are caused by a nationwide ‘mental health crisis’ (Pickersgill 2019a; Wright 2022). Consequently, responses to this crisis have been located in the domain of psychology – the responsibility of public mental health services – rather than a case of, for instance, political and economic reform. In a similar vein, promoting the aim and outcome of mental healthcare as a matter of building individual ‘resilience’ locates responsibility and agency on the part of the afflicted person, sidelining the social conditions of life and political accountability. One case in point was when limited ‘access’ to psychological therapy in the NHS was invoked to explain a range of social and economic insecurities (Brenman 2021; Pickersgill 2019a; Bruun 2023b). ‘Mental health’, as Richard Layard (2005) and others argued, was ‘Britain’s biggest problem’; it was reified as both obstacle and solution to the health of ‘the economy’. Following the COVID-19 outbreak, similar reifications of mental health and its attendant moral discourses have surged (cf. Bauer 2021; Santomauro et al. 2021; Wu et al. 2021). In a seemingly post-pandemic world, ‘global mental health’ has been reinvigorated as a matter of concern and the stakes are deemed to be high (Kozelka et al. 2021; Lovell et al. 2019; Moghnieh 2023).

### *Selves in the Making*

While Foucauldian and deconstructionist critiques of the kind mentioned above remain relevant, it is Foucault’s later writings on ethics, subjectivity and freedom (1997), especially his volumes on the history of sexuality (1988c, 1990, 1992), which have inspired anthropologists more recently (for an overview, see Laidlaw 2018). This body of work injected anthropological analyses with new insights into the formation of ethical subjects. For some, this might mean leaving Foucault’s ‘darker’ conclusions behind – for better or worse (see debates in Ortner 2016; Laidlaw 2016). An analytical shift had also been suggested more generally in anthropology to move beyond ‘suffering subjects’, to focus instead on how people constitute ‘the good’ (Robbins 2013). Such a shift can be seen echoed elsewhere in anthropology where categories of ‘wellbeing’ and ‘happiness’ have gained traction in both theoretical and ethnographic terms (e.g. Mathews and Izquierdo 2009; Fischer 2014; Kavedžija 2021; see also Cearn, this volume). More particularly, the notion of ethical self-cultivation has informed anthropological studies of psychological therapies, which explore the ways in which people come to constitute themselves as particular kinds of ethical subjects through therapeutic engagements with psychological ideas and interventions (e.g. Cook 2015, 2023; Vogel 2017; Matza 2018; see also Augustyniak; Bork; van Dijk, this volume).

From an analytical perspective of ‘ethics’, in this sense, psychotherapeutic care may be theorised in general terms – that is, despite diverse schools of thought and praxis – as a healing modality that orientates people (therapists

and patients alike) towards an ‘ethical imagination’ (Moore 2011) in which particular self-other relations are envisioned and enacted. In psychotherapy, we gradually learn to practise new modes of being, thinking, sensing, and acting in a world we share with others. We learn, ideally, new ways of relating to self and others, to suffering and healing. We learn to constitute ourselves – and to ‘watch’ our selves (Bruun 2025) – in particular ways: a constitution that relies on a presumed capacity to present one’s self, as Foucault once put it, as ‘an object of reflective thought’ (1997: 117). These are processes through which the person emerges as an ethical subject (Laidlaw 2023).

However, it is also the case that, ethnographically, the figure of the ethical subject, composed of reason and emotion, complete with an individuated will and a capacity to reflect and decide (Reubi 2012), is precisely a rendering of selfhood which psychotherapy at once assumes and requires (see Sciolli; Bruun, this volume).<sup>5</sup> Here, as in other contexts of (re)constituting persons and relations, selves come into view as always in the making.

## **Towards an Anthropology of Psychology**

Within the historiographical context of the sciences, mental health emerged in mutual distinction and self-definition: physiology dealt with ‘the body’; psychology with ‘the mind’ or ‘psyche’. The so-called ‘sciences of the soul’ were particularly formative in defining a perceived human interiority through different practices of inspection and introspection (Coon 1993; Vidal 2011). The modern disciplines of the clinic thus helped divide the human into the mental and the physical, the psychological and the physiological. We have largely inherited this and other dichotomies from the eighteenth and nineteenth centuries, where also ‘subjectivity’ and ‘objectivity’ emerged in contradistinction (Daston and Galison 2007). New psycho-technologies and scientific methods of introspection helped constitute ‘the human mind’ as an object of both scientific observation and intervention (Rieber 1980; Green 2010; E. Martin 2021). Reified as empirical objects, ‘the mind’ and ‘the body’ established in turn universalising ideals about ‘mental’ and ‘physical’ health, including their demarcation and distinct disciplinary subdivisions and specialisms.

Contemporary understandings of mental health in Europe and elsewhere align it with an interior selfhood, which is often taken to correspond with an experiential state located in the mind of individual persons. Insights from phenomenology (Merleau-Ponty 2012; Toren 1999; Ingold 2000), embodiment theory (Csordas 1994; McDonald 2018), and more recent developments in the field of medical anthropology (Cohn and Lynch 2017), have all helped question various versions of mind/body dualism and the notion of the individ-

uated, self-contained, mind-in-a-body subject, all of which still tends to loom large as taken-for-granted realities in mental health research. Anthropologists have generally sought to unsettle these prevalent bifurcations of the human, but it has not always been an easy task, and some have ended up reproducing the very dichotomies – biology/culture, body/mind – that they tried to move beyond.

Ethnographic fieldwork encourages us to take seriously the experiential realities of those we study. Anthropologists might not always find it appropriate, therefore, to assume a particular definition of mental health but tend instead to be more interested in how the people they study are establishing and enacting their own definitions. Mental health, as we will see throughout this volume, comes to figure in multiple ethnographic senses: as a presumed universal feature of the human mind; a sense of self; a psychological state that can be intervened upon and taken care of; a measure for populations, groups, or individuals; an object of therapeutic enquiry; a matter of concern for those classified as patients; and so on. As such, rather than taking mental health for granted as pregiven or self-evident, we can think of it as something that emerges relationally. Some social scientists might want to talk here about the ontological multiplicity of psychology (e.g. Pickersgill 2019b). Many of the chapters in this volume demonstrate how psychological healthcare is enacted and coordinated as a matter of concern.

We could summarise this volume's general approach by saying that the anthropologist is dealing with people's self-defining worlds (Ardener 1982; Hastrup 1995; McDonald 2020). Any account of 'psychology' or 'mental health' thus resides in the categories of its realisation, in the definitional practices that constitute its meaning. For instance, clinical evaluations of mental health are inevitably dependent on the conceptual definitions offered of that reality. Analytically, this means that 'psy' or 'mental health' does not figure as an *a priori* phenomenon anterior to its relations and articulations, but as a *category in action* (ibid.; see also Bruun 2023a). Another important aim of this book is to encourage us to make a constructive necessity out of examining those knowledge practices closest to us, and which may at times include our own. To put this point in a different way, the ethnographers in this volume investigate how certain psychological assumptions become widespread and culturally meaningful (or not) to people; how people understand themselves and others through psychotherapeutic and psychological practices, institutions, and encounters; and how they might live, use, resist, reinvent or confirm notions of selfhood and psychoid – and the consequences.

Treating psychological realities *ethnographically* is first and foremost meant here in a foundational yet analytically significant sense of rendering strange a set of assumptions and entities. This should not, however, be confused with an exercise in exoticism (see Hastrup 1995; Kapferer 2013, for critical discussions

on this point). Accordingly, this volume is not conceived as another addition to interdisciplinary debates between anthropology and psychology, nor does it attempt to reconcile disciplinary knowledges within these fields in the service of mental healthcare – however valuable such projects may be. Instead, our aim is to invite anthropological engagements with psychology as an object of ethnography in its own right. Our concern lies in approaching psychology as a historically and culturally situated formation and in subjecting its practices, theories, and professional configurations to sustained ethnographic scrutiny. Importantly, psychological assumptions might include those that are presupposed by the theories and categories that anthropologists use and share with psychologists. Therefore, our point is equally about rendering more familiar the familiar in anthropology. Indeed, this book could be read as an exercise in improving a more general awareness in anthropology of how our theoretical commitments have much more in common with the conceptual world of psychologists than anthropologists have cared to acknowledge and investigate. Toren and Piña-Cabral (2011: 2) have expounded on a kindred point in their discussion of anthropological epistemology:

We want to see a more general awareness that analyzing ethnographically the lived world of those closest to us (including ourselves) is just as tall (but no taller) an order as analyzing and understanding those distant others who seem most exotic to us. . . . apart from studies of scientific practice, there is little ethnography concerning our own processes of knowing (often held to be the province of psychology) and too rarely do anthropologists question the set of entities presupposed by the theories they use.

Although ethnographic studies of the psy disciplines have become more frequent in recent years, they have long posed as a difficult or uneasy terrain for anthropological enquiry. The explanation for this difficulty is at least twofold: 1) a *methodological* entanglement with psy institutions and professions who hold expert authority over the object of study; and 2) an *epistemological* tension arising from anthropology's proximity to the normative abstractions embedded within psychological knowledge-making.

First, anthropologists have noted how the professional settings of the psy sciences are heavily guarded in ethical and institutional terms. So much so, that attempts to gain access to these spaces as ethnographic field sites often rely on professional affiliation and qualification (see e.g. Kirsner 1998; Luhrmann 2000; J. Davies 2009). In the field of psychotherapy, for instance, the ethnographer might be required to have obtained certain professional qualifications as a clinician for their presence to be accepted in consultations and therapy sessions. This is certainly one important methodological reason why anthro-

pologists who were successful in gaining access to ‘psy’ as a field site, tended to be those who were themselves already trained psychologists, psychiatrists or psychotherapists. Holding a dual professional position as psy practitioner and anthropologist has been very common in medical and psychological anthropologies for this reason. Luhrmann (2000) also notes the constraints of access, citing her father, a well-known American psychiatrist, as one of the reasons why she was able to negotiate access to certain psychiatric institutions. Another reason was her own clinical training in psychoanalysis, first as a patient and later as an analyst. Davies (2009) also recounts how his formal training to become a psychoanalytic psychotherapist in London enabled him to subsequently carry out fieldwork within the psychoanalytic institute for his doctoral degree in anthropology. While anthropologists have long recognised and analysed the difficulties of entering a social world in which one is an obvious outsider, the problem of access here – say, studying the work of clinical psychologists – is not primarily a question of an ethnographic process of negotiation and integration, as much as it is about whether one is a qualified psychologist or not. Even then, securing and sustaining fieldwork access remains challenging for anthropologists, particularly in highly clinical or experimental settings where ethical regulations and confidentiality constraints might preclude ethnographic research (E. Martin 2021).

Secondly, because psychology involves certain epistemological commitments that posit particular theories about human interiority (ideas about ‘mental health’ for instance), which we as anthropologists might well live and cherish in our own daily lives, treating psychological realities as the stuff of ethnography is not always an easy task. An anthropology of psychology is not easy because we will inevitably have to scrutinise our own experiential realities – our own sense of self and psyche, experience of trauma and treatment, or the very notion of mind or mental health (and so on) – that form part of our apprehensions of ourselves, others, and the world in which we live. Consequently, a central idea of the present book is to encourage the development of analytical languages in anthropology for studying and writing about psychology, its subjects and practitioners. Studying psychological realities, as this volume suggests, requires a deliberate and comparative upending of our own notions and lived realities, a specific mode of comparison with which anthropologists are particularly familiar (Candea 2018).

Further to these points, critical examinations of psychology have often been misconceived as a rejection of the reality of the ‘psychological’ as such. By contrast, the anthropologists in this volume do not seek to destabilise psychology by reducing it to a ‘social construction’, with the insinuation that psychological realities are somehow illusory or simply made up, and thereby implying that beneath them lies a more real substratum – typically posited as ‘biology’ as the ontological bedrock of reality. This kind of cultural constructionism is na-

ive and has several analytical problems (Toren 2012). However, the contributors gathered in this volume do inevitably show how psychology is constructed in an important sense: namely, how psychological ideas and practices are conjoined, made coherent, used, resisted and lived – and the therapeutic, social and political effects of these constitutions and articulations.

Finally, it seems important to emphasise that a move towards an anthropology of psychology should not be taken to suggest a lack of commitment to the scientific and clinical credibility of psychology, nor does it suggest a lack of commitment to people's experiences of mental health and illness. The contributors variously acknowledge and appreciate the salience of psychological realities, at the same time as these are given ethnographic treatment. Anthropologists would do well to take seriously the commitments and ambitions offered by those we study, and the chapters collected here take 'psy' seriously enough to do both. Through ethnographic studies of psychological healthcare, the chapters of this volume suggest, each in their own way, how an 'anthropology of psychology' might be pursued.

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**Mikkel Kenni Bruun** is an affiliated lecturer at the University of Cambridge and a research associate at King's College London. He holds a PhD in Social Anthropology from Pembroke College, Cambridge. His research interests include medical anthropology, gender studies, mental healthcare and the history of the psy sciences. He is the author of 'Mental Health' in *The Open Encyclopedia of Anthropology* (2023), and of "A Factory of Therapy": Accountability and the Monitoring of Psychological Therapy in IAPT in *Anthropology & Medicine* (2023), and the co-editor of *Rhythm and Vigilance: Ethnographies of Surveillance and Time* (Bristol University Press, 2025).

## Notes

1. The notion of the 'psy' disciplines is owed to the work of Nikolas Rose (1989) and refers collectively to psychoanalysis, psychology, psychiatry and related fields. For a

- review of the anthropology of mental health and intersecting research trajectories, see Bruun 2023a.
2. Classic examples include Malinowski 1927; Mead 1928; Benedict 1934; Leach 1958; Opler 1959; for further historical detail and reference, see Sullivan 2012; K. Martin 2019; E. Martin 2021; Bruun 2023a.
  3. In addition to ethnographies of psychology and psychotherapy, anthropology's contribution to mental health research includes the field of 'global mental health', as well as critical assessments of global mental health initiatives (e.g. Jenkins 2018; Kozelka et al. 2021; Lovell et al. 2019).
  4. It is important to note that the relationship between psychoanalysis and clinical psychology or psychiatry developed differently in the US compared with the UK. Psychoanalytic training and practice had been central to American psychiatry and clinical psychology up until the 1980s, and the rise of a self-consciously 'biological' psychiatry emerged partly in response to this perceived institutional dominance of psychoanalysis (Luhmann 2000). In contrast, psychoanalysis never gained such institutional prominence in British psychiatry and clinical psychology (even if it remained popular among well-educated people), where behavioural therapies had taken the lead since the Second World War, pioneered by psychological research at the Maudsley Hospital in London (Derksen 2000; Marks 2015).
  5. Anthropological work on Euro-American renditions of the individuated, autonomous self includes Strathern 1988; Macfarlane 1994; Battaglia 1995; Morris 1994.

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